

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620138	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DEL CIELO MEDIA LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 18 / 2016</b>		
Mailing Address 1427 LESLIE AVE SUITE 102			Amount <b>93599.00</b>		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : <b>SE.4222</b>		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2016</b>		
Name of Federal Candidate MARY THOMAS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>219699.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>DEL CIELO MEDIA LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 18 / 2016</b>		
Mailing Address 1427 LESLIE AVE SUITE 102			Amount <b>29563.38</b>		
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : <b>SE.4223</b>		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2016</b>		
Name of Federal Candidate MARY THOMAS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>249262.38</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>123162.38</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DANIEL FLYNN

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 19 / 2016**

Signature